

# CITY OF WILMINGTON HOP CERTIFIED BROKER PROGRAM REGISTRATION FORM

## REGISTRANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**NOTE:** CONFIRMATION OF REGISTRATION WILL BE SENT BY E-MAIL ONLY. IF YOU  
DO NOT INCLUDE E-MAIL ADDRESS, WE WILL NOT SEND CONFIRMATION OF  
YOUR REGISTRATION.

**REGISTRATION ACCEPTED BY MAIL, EMAIL OR FAX ONLY.**

**(PLEASE NOTE: TELEPHONE REGISTRATIONS WILL NOT BE ACCEPTED.)**

**MAILING ADDRESS:** CITY OF WILMINGTON P.O. BOX 1810 WILMINGTON, N.C. 28402-1810.

**FAX:** 910.343.4764 ATTN: JANE FULLERTON

**EMAIL:** JANE.FULLERTON@WILMINGTONNC.GOV

